COVID-19 Vaccine Appointment Finder & Registration

WESTCHESTER COUNTY DEPARTMENT OF SENIOR PROGRAMS AND SERVICES

GEORGE LATIMER, COUNTY EXECUTIVE

MAE CARPENTER, COMMISSIONER

Key Pointers

NYS hotline hours of operation is listed as 24/7, their schedule is **7am-10pm, 7 days a week**

1-833-697-4829 (can assist with vaccination registration) – wait times can be lengthy

Online registration link for vaccine https://am-i-eligible.covid19vaccine.health.ny.gov/

NYS COVID-19 form vaccineform.health.ny.gov (must be filled out prior to appointment)

Use Chrome, Firefox & Safari web browsers. It does **NOT SUPPORT** Internet Explorer or your cell phone provider

No walk in appointments

Key Pointers…continued

Alert System for available vaccine

- https://www.surveymonkey.com/r/JFX97LP

Am-I-Eligible Site

Online registration link for vaccine

https://am-i-eligible.covid19vaccine.health.ny.gov/

1. screens for eligibility
2. access to set up appointment if eligible

This is not your appointment page!
This is eligibility screening!

English

See if you may be Eligible to Receive the COVID-19 Vaccine

This tool will determine eligibility and can be used to schedule appointments at **New York State-run vaccination sites only.** Vaccines are also available at pharmacies, hospitals and through local health departments statewide – please contact your provider of choice to schedule your vaccine appointment.

If you are eligible, you will see all available appointments at New York State-run vaccination sites. **AN APPOINTMENT IS REQUIRED. IF YOU VISIT A LOCATION WITHOUT AN APPOINTMENT YOU WILL NOT RECEIVE A VACCINE.** To find out if you may be eligible, click Get Started below.

List of New York State-operated vaccination locations and availability:

Location Name	Location Address	Appointments Available
Javits Center	New York, NY	Appointments Available
Jones Beach - Field 3	Wantagh, NY	No Appointments Available Currently
State Fair Expo Center: NYS Fairgrounds	Syracuse, NY	Appointments Available
SUNY Albany	Albany, NY	No Appointments Available Currently

SUNY Albany	Albany, NY	No Appointments Available Currently
Westchester County Center	White Plains, NY	No Appointments Available Currently
SUNY Stony Brook	Stony Brook, NY	Coming Soon
SUNY Potsdam Field House	Potsdam, NY	Coming Soon
Aqueduct Racetrack - Racing Hall	South Ozone Park, NY	Coming Soon
Plattsburgh International Airport -Connecticut Building	Plattsburgh, NY	Coming Soon
SUNY Binghamton	Johnson City, NY	Coming Soon
SUNY Polytechnic Institute	Utica, NY	Coming Soon
University at Buffalo South Campus - Harriman Hall	Buffalo, NY	Coming Soon
Dome Arena (DBA Roxbury Dome Partners LLC)	Rochester, NY	Coming Soon

* Last updated on 1/14/2021, 1:22:23 PM

Get Started

Enter Your Information Below

About You

Date of Birth *

09/11/1933

Sex *

(•) Male ( ) Female ( ) Non-Binary ( ) Prefer not to answer

Do you live in the State of New York? *

(•) Yes ( ) No

Do you work in the State of New York? *

(•) Yes ( ) No

Zip *

10550

Acknowledgement

Consent to Disclose: This screening tool, and the information provided herein ("Eligibility Screening Tool"), will be used for the sole purpose of determining eligibility for receiving a COVID-19 vaccination.

The information collected on the Eligibility Screening Tool through this website and/or application and the disclosure of such information for the

Consent to Disclose:

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Information collected on the Eligibility Screening Tool is subject to disclosure only with the consent of the applicant. Your completion and submission through this Eligibility Screening Tool results in the disclosure of personal information and constitutes your consent to the collection and disclosure of such information by NYS for the administration of the COVID-19 vaccination.

NYS may disclose personal information without applicant consent if the collection or disclosure is: (1) necessary to perform the statutory duties of NYS, or necessary for NYS to operate a program authorized by law, or authorized by state or federal statute or regulation; (2) made pursuant to a court order or by law; (3) for the purpose of validating the identity of the applicant; or (4) of information to be used solely for statistical purposes that is in a form that cannot be used to identify any particular person.

Any information collected through the Screening Tool is also subject to the New York State Freedom of Information Law and the Personal Privacy Protection Law.

NYS will enforce its rights against any unauthorized access or attempted unauthorized access to NYS information technology assets or against any other inappropriate use of this website.*

- [x] I consent

Back

Submit

English

Thank you for providing your information

Based on what you have told us, you are eligible to receive a vaccine. Click on the Locate Providers link below to find providers in your area and information on how to schedule an appointment for a vaccine. **AN APPOINTMENT IS REQUIRED. IF YOU VISIT A PROVIDER WITHOUT AN APPOINTMENT YOU WILL NOT RECEIVE A VACCINE.**

Go Back | Locate Providers

**Appointment Page

NEW YORK STATE

English

Locate Providers

Here are New York State operated vaccination sites. The locations below are listed by proximity to your location. Appointments at each location will be listed in chronological order. Click on a location's link to schedule an appointment. Each day ("event") will be displayed in chronological order starting from today through April 16th. Scroll through to find an open event, then you will be able to pick a time slot for that day.

Vaccine availability is subject to change. **AN APPOINTMENT IS REQUIRED. IF YOU VISIT A PROVIDER WITHOUT AN APPOINTMENT YOU WILL NOT RECEIVE A VACCINE.**

Distance From: *

9 South 1st Avenue, Mount Vernon 10550

Update

WESTCHESTER COUNTY CENTER (14.7 MILES)

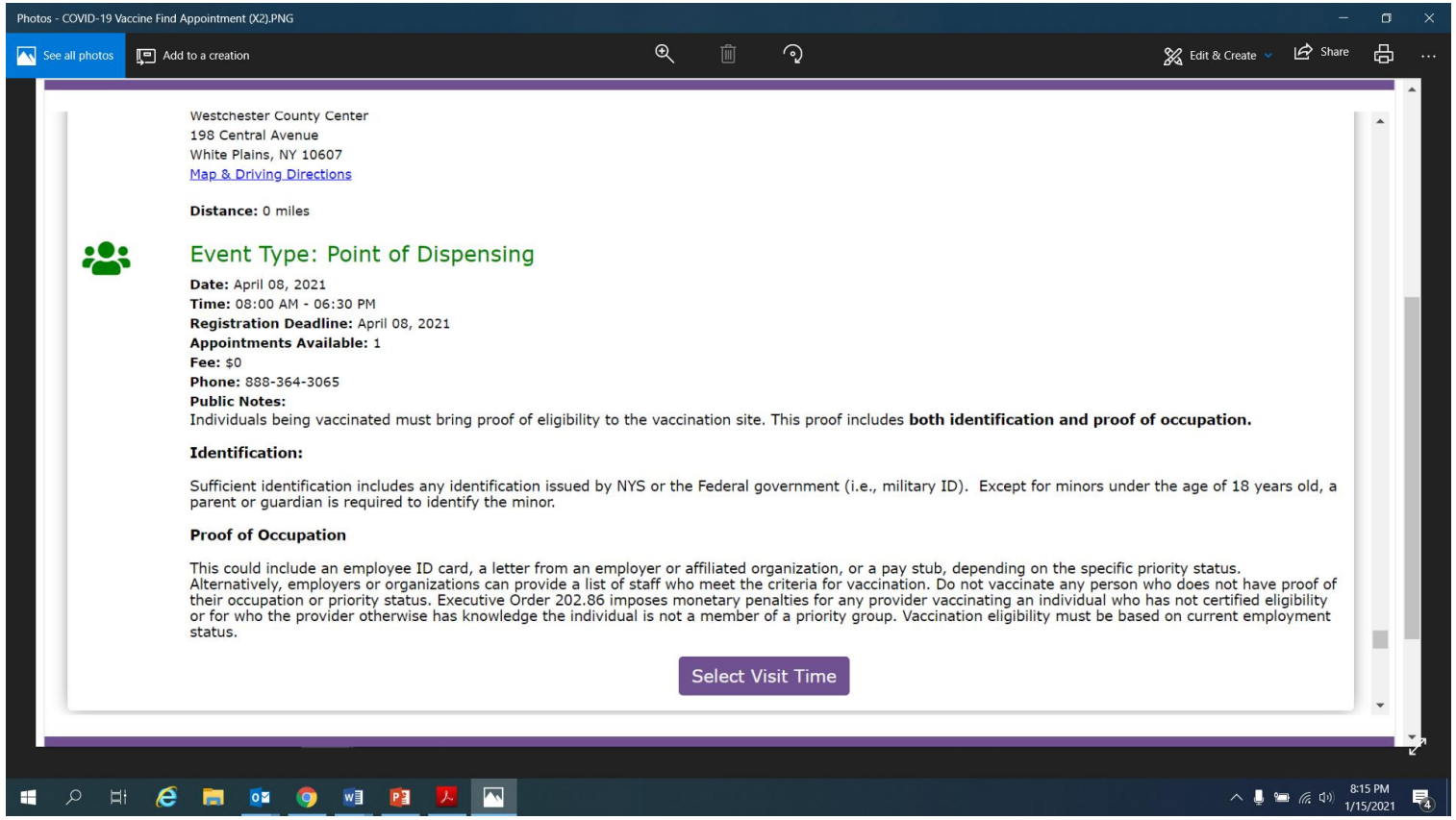
Location :198 Central Avenue White Plains NY 10606

How to Schedule Appointment : Schedule your vaccine appointment

Get Directions

Status: No Appointments Available Currently

Example of County Center



Pointers for frail or require escort at County Center

The waiting lines do/will wrap around the block

The senior must plan to arrive with an escort

The hospital(s) provide wheelchairs

There is no parking in front of County Center building

Escort should come to handicap accessible ramp – ring buzzer - and collect wheel chair to take patient into County Center.

Escort expected to navigate patient in wheel chair – following instructions given - for the duration of appointment.

There is no 1:1 County Center staff that is available – or expected – to facilitate transport into building and vaccine stations

Escort would then return wheel-chair after appointment

Walgreens, Rite Aid, Wegmans…

Walgreens

https://www.walgreens.com/findcare/vaccination/covid-19

Rite Aid - https://sr.reportsonline.com/sr/riteaid/NYS2021

Wegmans: How to Schedule Appointment: https://www.wegmans.com/pharmacy/

Sites are independent of one another (i.e. wegman vs rite aid) and booking page appearance will differ from one another!!

If using online scheduling option…

After you've selected **an available date/time** complete the registration in its **entirety**

You will need to provide an emergency contact

Enter your medical provider information (optional)

Answer medical screening questions that **will** require your consent to continue with the registration

Please **review** all entries for accuracy **before submitting** the registration

Your **confirmation ticket** will be available to print **AND** you should receive a text/email depending on **your entry for preferred way of contact** in the registration

NYS Covid 19 Form

Can be filled out online prior to appointment time at https://forms.ny.gov/s3/vaccine

Will also be available at vaccination site –

If patient **has a smart phone**: Provider directs patients to the website link.

If patient **does not have a smart phone** / has any other issue with filling out the form: Provider directs patients to the kiosk / tablet / laptop available at the vaccination site and helps patient fill out the form if needed.

This form is to self-report select demographic data such as occupation, race, and ethnicity.

English

NEW YORK STATE | Department of Health

New York State COVID-19 Vaccine Form

I understand that vaccine supply is currently limited and, therefore, subject to strict prioritization in accordance with Centers for Disease Control and New York State Department of Health directives. With that understanding, I hereby certify under penalty of law that:

1. I am age 65 or older.

OR

2. I am currently employed or otherwise eligible in one of the following capacities that is eligible for vaccine, **and** am either required to have **in-person contact** with members of the public or with co-workers, or I am unable to work remotely:

- First Responder or Support Staff for First Responder Agency
  - Fire
    - State Fire Service, including firefighters and investigators (professional and volunteer)
    - Local Fire Service, including firefighters and investigators (professional and volunteer)
  - Police and Investigations
    - State Police, including Troopers
    - State Park Police, DEC Police, Forest Rangers
    - SUNY Police
    - Sheriffs' Offices
    - County Police Departments and Police Districts

- City, Town, and Village Police Departments
- Transit of other Public Authority Police Departments
- State Field Investigations, including DMV, SCOC, Justice Center, DFS, IG, Tax, OCFS, SLA

- Public Safety Communications
  - Emergency Communication and PSAP Personnel, including dispatchers and technicians
- Other Sworn and Civilian Personnel
  - Court Officer
  - Other Police or Peace Officer
  - Support or Civilian Staff for Any of the Above Services, Agencies, or Facilities

- Corrections
  - State DOCCS Personnel, including correction and parole officers
  - Local Correctional Facilities, including correction officers
  - Local Probation Departments, including probation officers
  - State Juvenile Detention and Rehabilitation Facilities
  - Local Juvenile Detention and Rehabilitation Facilities
- P-12 Schools
  - P-12 school or school district faculty or staff (includes all teachers, substitute teachers, student teachers, school administrators, paraprofessional staff, and support staff including bus drivers)
  - Contractor working in a P-12 school or school district (including contracted bus drivers)
  - Licensed, registered, approved or legally exempt group childcare
- In-person college faculty and instructors
- Employees or Support Staff of licensed, registered, approved or legally exempt group Childcare Setting
- Licensed, registered, approved or legally exempt group Childcare Provider
- Public Transit
  - Airline and airport employee
  - Passenger railroad employee
  - Subway and mass transit employee (i.e., MTA, LIRR, Metro North, NYC Transit, Upstate transit)
  - Ferry employee
  - Port Authority employee

    - Public bus employee
  - Public facing grocery store workers
  - Individual living in a homeless shelter where sleeping, bathing or eating accommodations must be shared with individuals and families who are not part of your household
  - Individual working (paid or unpaid) in a homeless shelter where sleeping, bathing or eating accommodations must be shared by individuals and families who are not part of the same household, in a position where there is potential for interaction with shelter residents
  - High-risk hospital and FQHC staff, including OMH psychiatric centers.
- Health care or other high-risk essential staff who come into contact with residents/patients working in LTCFs and long-term, congregate settings overseen by OPWDD, OMH, OCFS, OTDA and OASAS, and residents in congregate living situations, overseen or funded by the OPWDD, OMH, OCFS, OTDA and OASAS.
- Certified NYS EMS provider, including but not limited to Certified First Responder, Emergency Medical Technician, Advanced Emergency Medical Technician, Emergency Medical Technician – Critical Care, Paramedic, Ambulance Emergency Vehicle Operator, or Non-Certified Ambulance Assistant.
- County Coroner or Medical Examiner, or employer or contractor thereof who is exposed to infectious material or bodily fluids.
- Licensed funeral director, or owner, operator, employee, or contractor of a funeral firm licensed and registered in New York State, who is exposed to infectious material or bodily fluids.
- Staff of urgent care provider.
- Staff who administer COVID-19 vaccine.
- All Outpatient/Ambulatory front-line, high-risk health care workers of any age who provide direct in-person patient care, or other staff in a position in which they have direct contact with patients (i.e., intake staff).
- All front-line, high-risk public health workers who have direct contact with patients, including those conducting COVID-19 tests, handling COVID-19 specimens and COVID-19 vaccinations.
- Home care workers and aides, hospice workers, personal care aides, and consumer-directed personal care workers.
- Staff and residents of nursing homes, skilled nursing facilities, and adult care facilities.

OR

3. The person for whom I am submitting this certification is a resident or patient of one of the following:
  - Nursing home regulated by the NYS Department of Health (DOH).

Now includes the comorbidity categories

I am a resident of New York and I have one of the following comorbidities or underlying conditions, as documented or diagnosed by my health care provider:

- Cancer (current or in remission, including 9/11-related cancers)
- Chronic kidney disease
- Pulmonary Disease, including but not limited to, COPD (chronic obstructive pulmonary disease), asthma (moderate-to-severe), pulmonary fibrosis, cystic fibrosis, and 9/11 related pulmonary diseases
- Intellectual and Developmental Disabilities including Down Syndrome
- Heart conditions, including but not limited to heart failure, coronary artery disease, cardiomyopathies, or hypertension (high blood pressure)
- Immunocompromised state (weakened immune system) including but not limited to solid organ transplant or from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, use of other immune weakening medicines, or other causes
- Severe Obesity (BMI 40 kg/m2), Obesity (body mass index [BMI] of 30 kg/m2 or higher but < 40 kg/m2)
- Pregnancy
- Sickle cell disease or Thalassemia
- Type 1 or 2 diabetes mellitus
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Neurologic conditions including but not limited to Alzheimer's Disease or dementia
- Liver disease

English

- Residential program or hospital certified or operated by the NYS Office of Mental Health (OMH), Office for People With Developmental Disabilities (OPWDD), Office of Children and Family Services (OCFS) or Office of Addiction Services and Supports (OASAS).

I have read the list of vaccination priority groups above. I hereby certify under penalty of law that I am member of a priority group eligible for vaccination. I agree that by typing my name below, I am hereby affixing my electronic signature as if I had physically signed this certification.

Your Information

First Name *

Last Name *

Date of Birth *

MM/DD/YYYY

Zip Code *

County *

-- Please Select --

English

The New York State Department of Health is requesting the information below in order to deliver the most effective Statewide vaccination program. By filling out this form, you are enhancing the State's response to the COVID-19 pandemic. The information you provide will be protected pursuant to the New York State Personal Privacy Protection Act and any other applicable state or federal law.

Which of the following best describes your ethnic group? *

- ○ Hispanic or Latino
- ○ Not Hispanic or Latino
- ○ Prefer not to answer

Which of the following best describes your race? Please select all that apply. *

- ☐ American Indian
- ☐ Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian
- ☐ Other Pacific Islander
- ☐ White
- ☐ Prefer not to answer

Do you have a comorbidity or underlying condition as defined by the New York Department of Health? *

- ◯ Yes
- ◯ No

Are you a public-facing essential worker? *

- ◯ Yes
- ◯ No

Are you currently living in a congregate setting? *

- ◯ Yes
- ◯ No

Date of first scheduled appointment *

Would you like a confirmation via email? *

- ◯ Yes
- ◯ No

Submit

NEW YORK STATE | Department of Health

New York State COVID-19 Vaccine Form

Thank you for completing the New York State COVID-19 Vaccine Form.

Test Test

Submitted: 01/13/2021, 12:17 pm

Submission ID:

1610557081_5fff26990f53d8.80842740

Please show this page to your COVID-19 vaccine healthcare provider before the vaccination.

100%

Alert System

If you are in one of the defined eligibility categories covered under 1a or 1b, you can sign up for the **Health Department's Alert system, which will alert you when more vaccine doses become available.**

- https://www.surveymonkey.com/r/JFX97LP

- To be clear, this will not sign you up for an appointment, this will only sign you up to be alerted when there are appointments available. The Department cannot set up the appointment system until they have confirmation of receiving the vaccine.

- If you do not fall under the current eligibility categories, you will not be able to sign up.

Alert System

Westchester County Health Department - COVID Vaccine Alert System

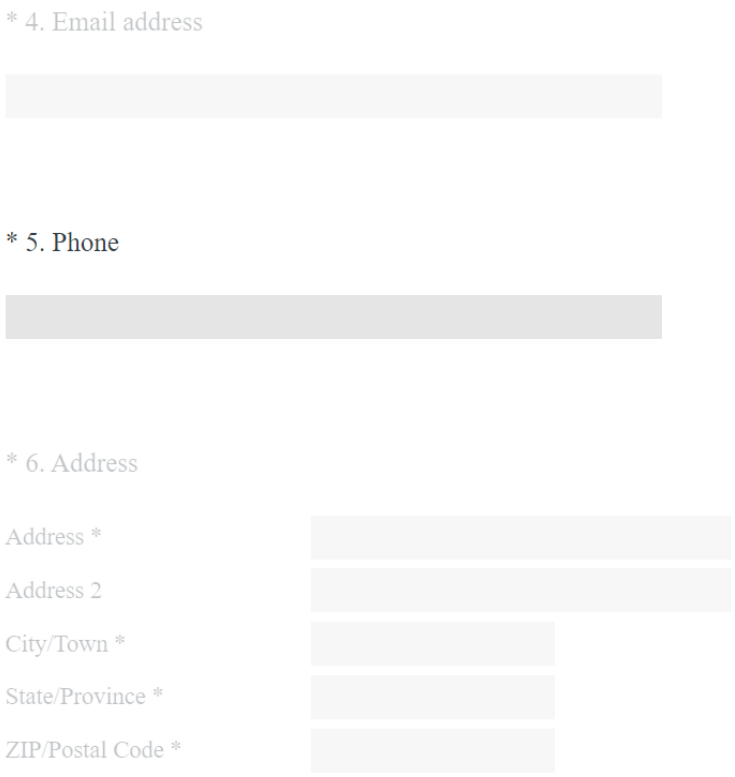
If you think you are qualified to receive the COVID-19 vaccine under the current prioritization of eligibility as established by New York State (Phase 1a and Phase 1b- https://covid19vaccine.health.ny.gov/phased-distribution-vaccine#phase-1a), please provide your information below. With this information the Westchester County Health Department will alert you when vaccine doses / appointments become available. You must understand that vaccine supply is currently limited and, therefore, subject to strict prioritization in accordance with Centers for Disease Control and New York State Department of Health directives (see Jan 26th update below). With that understanding, you will be required to certify under penalty of law that you are qualified under the current prioritization stated above.

Vaccine Update - January 26, 2021
At this time, per the New York State Department of Health, the Westchester County Department of Health must prioritize essential workers in the 1b category for vaccination. We are working directly with the agencies that employ these individuals to arrange for vaccination of these workers. When appointments are available for the general public, we will post registration information here. Please be advised that pharmacies receive vaccine allocation for and are to prioritize individuals that are 65+. New York State mass vaccination sites receive allocation for and are to also prioritize 65+ and essential workers in the 1b category *(Updated 1/26/2021)*

OK

Alert System

Alert System



Alert System

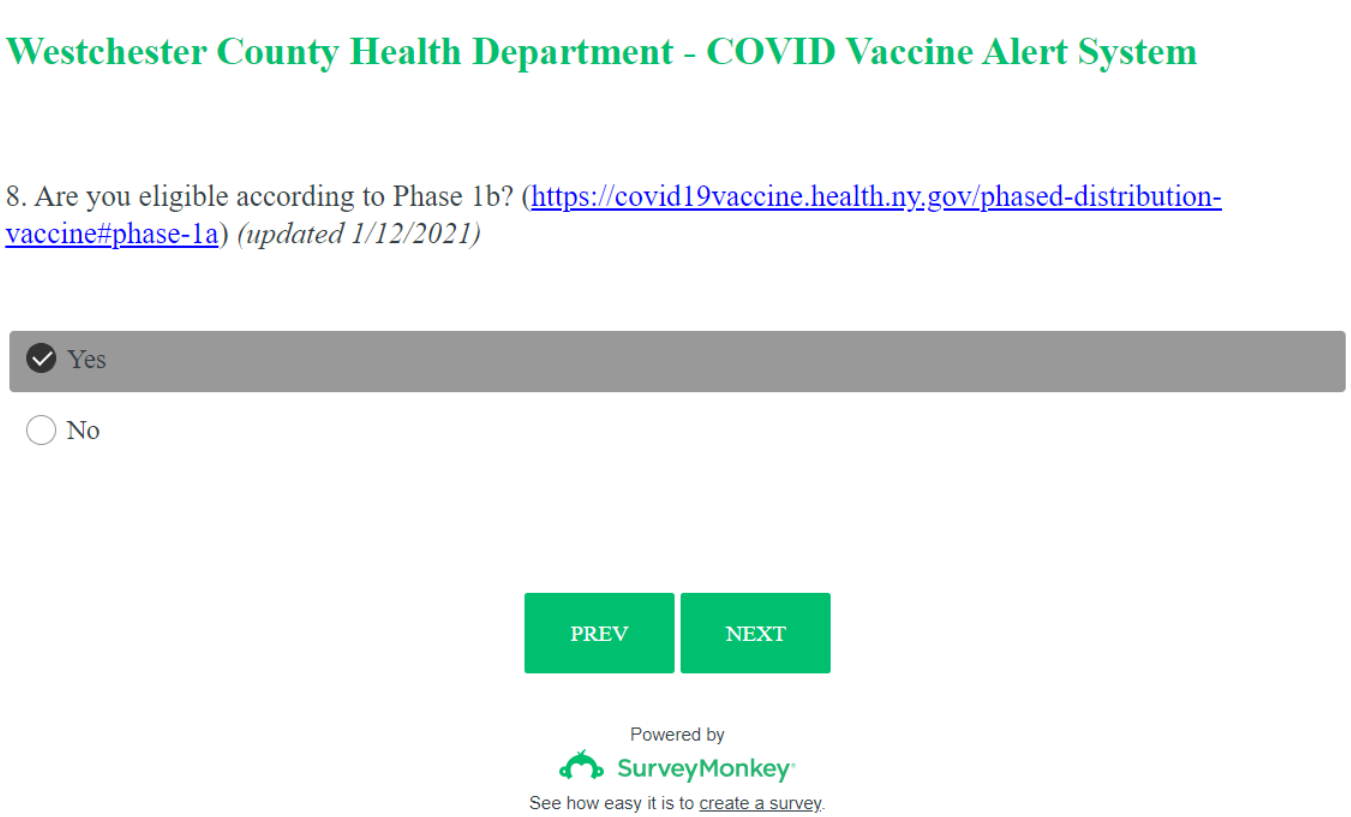
* 7. Are you eligible according to Phase 1a? https://covid19vaccine.health.ny.gov/phased-distribution-vaccine#phase-1a

No

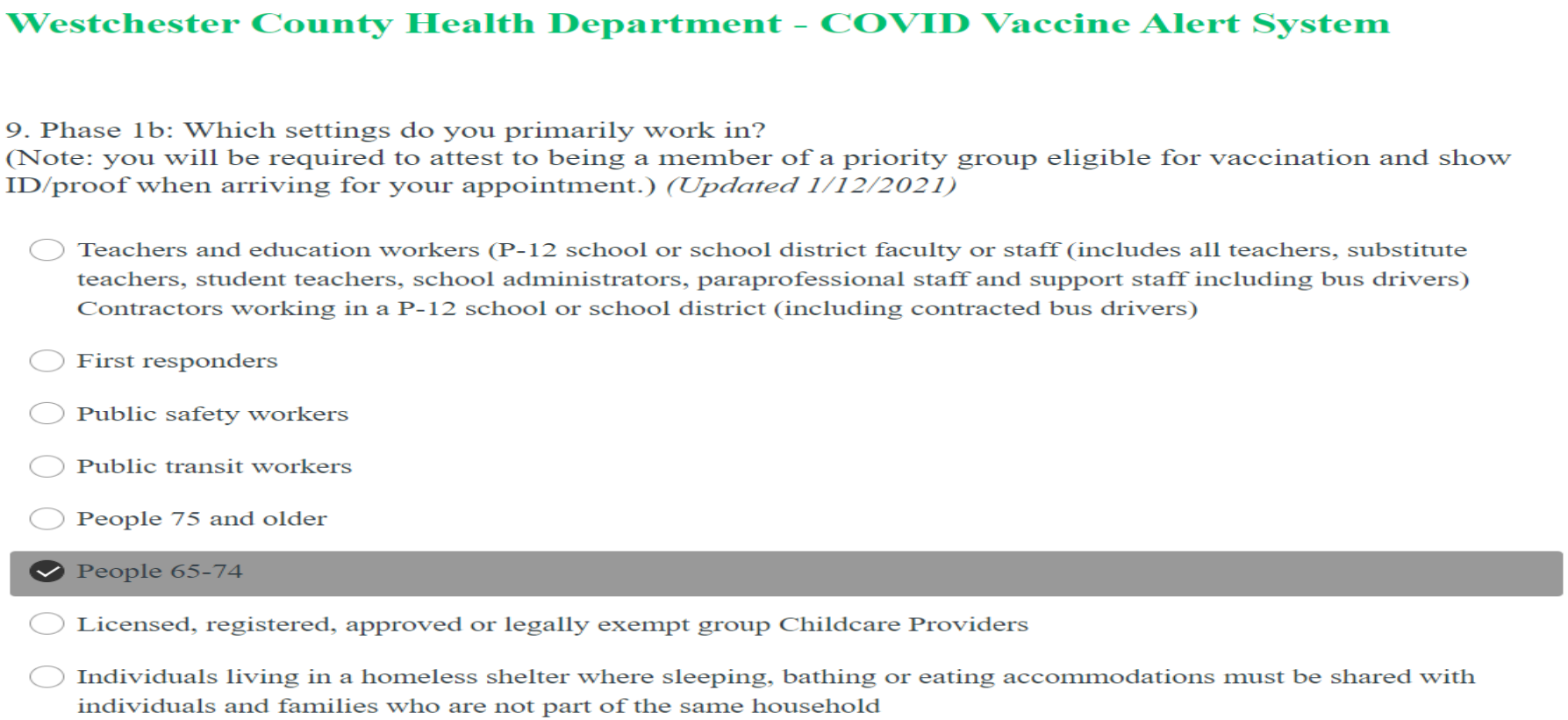
NEXT

Powered by SurveyMonkey
See how easy it is to create a survey.

Alert System



Alert System

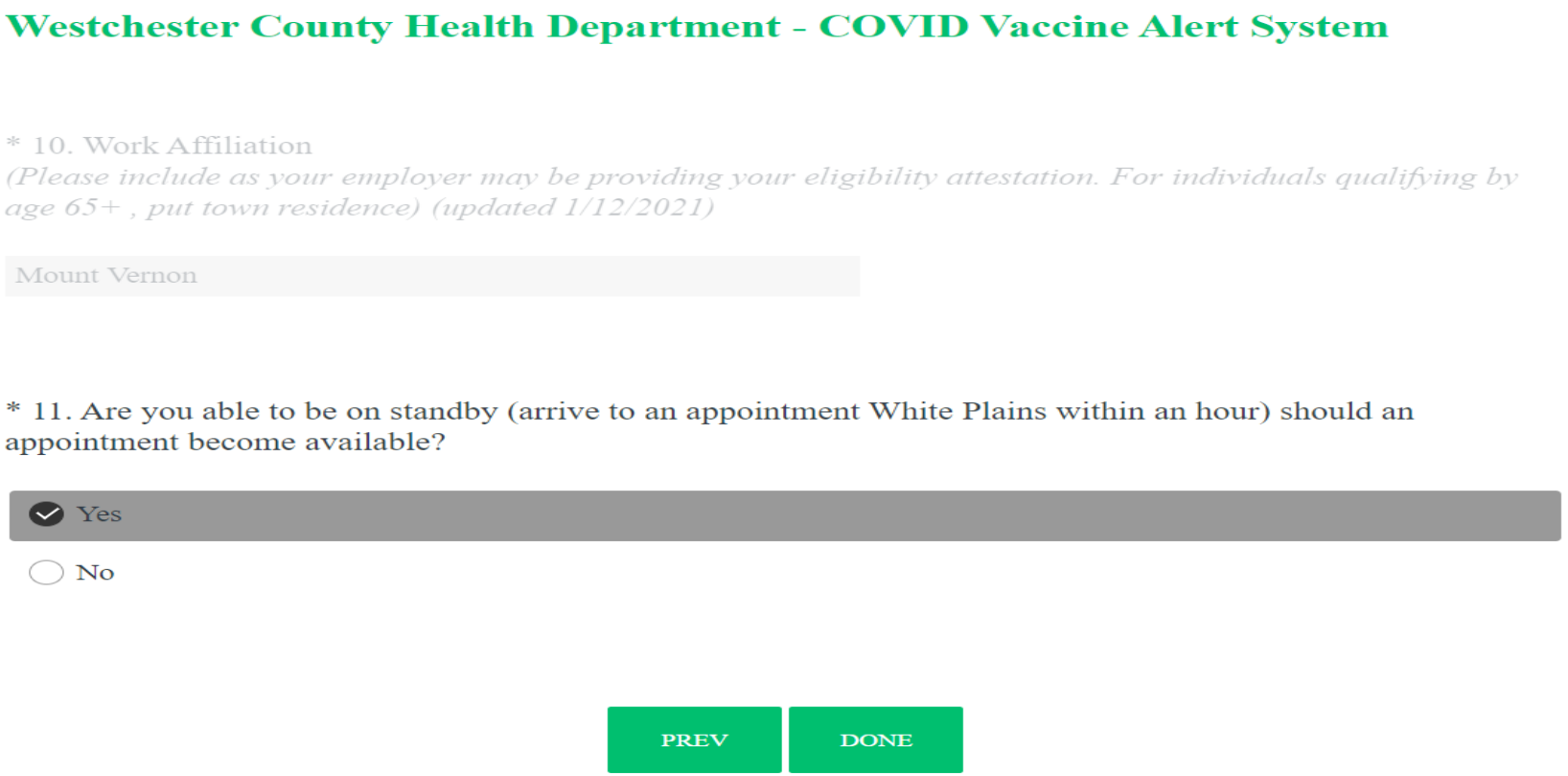


Westchester County Health Department - COVID Vaccine Alert System

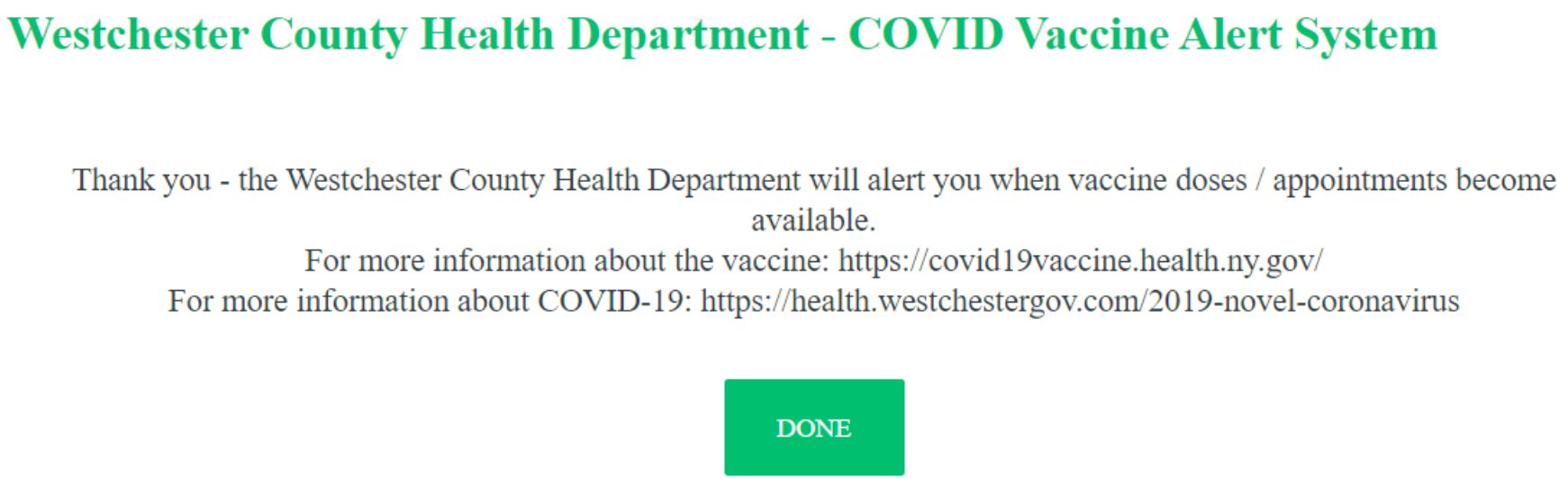
9. Phase 1b: Which settings do you primarily work in?
(Note: you will be required to attest to being a member of a priority group eligible for vaccination and show ID/proof when arriving for your appointment.) *(Updated 1/12/2021)*

- ○ Teachers and education workers (P-12 school or school district faculty or staff (includes all teachers, substitute teachers, student teachers, school administrators, paraprofessional staff and support staff including bus drivers) Contractors working in a P-12 school or school district (including contracted bus drivers)
- ○ First responders
- ○ Public safety workers
- ○ Public transit workers
- ○ People 75 and older
- ✓ People 65-74
- ○ Licensed, registered, approved or legally exempt group Childcare Providers
- ○ Individuals living in a homeless shelter where sleeping, bathing or eating accommodations must be shared with individuals and families who are not part of the same household

Alert System



Alert System



What to bring to appointment

Bring proof of eligibility to your appointment

Bring ID

Bring your Insurance Cards and Your Original Medicare (red, white & blue) Card

Bring your appointment confirmation print out and your confirmation print out of NYS Covid 19 form (if you filled out online)

Eligibility Under Employer

Acceptable forms of proof of eligibility

If an individual is eligible due to their employment status, they must prove they are employed in the State of New York. Such proof may include:

- an employee ID card or badge,
- a letter from an employer or affiliated organization, or
- a pay stub, depending on the specific priority status.

Eligible Due to Age

If an individual is eligible due to their age, they must produce proof of age and proof of residence in New York. To prove New York residence, an individual must show:

- One of the following: State or government-issued ID; Statement from landlord; Current rent receipt or lease; Mortgage records; or
- Two of the following: Statement from another person; Current mail; School records.

For age, such proof may include:

- Driver's license or non-driver ID;
- Birth certificate issued by a state or local government;
- Current U.S passport or valid foreign passport;
- Permanent resident card;
- Certificate of Naturalization or Citizenship;
- Life insurance policy with birthdate; or
- Marriage certificate with birthdate.

Eligible Due to Comorbidities

To show they have comorbidities or underlying conditions, New Yorkers must provide documentation as required by the facility where they are getting vaccinated which must be either:

- Doctor's Letter, or
- Medical Information Evidencing Comorbidity, or
- Signed Certification

Proof of Residence

To prove New York residence, an individual must show:

• One of the following: State or government-issued ID; Statement from landlord; Current rent receipt or lease; Mortgage records;

OR

• Two of the following: Statement from another person; Current mail; School records.

Insurance

Bring proof of insurance information BUT the vaccine is free and there will never be a charge to you.

If Medicare eligible bring your Medicare card (red, white and blue)

2nd Dose of Vaccine

Scheduling of 2nd dose will be done at vaccination site! DO NOT schedule 2nd dose online

You will receive a vaccination card with date, manufacturer, location and when to return for 2nd dose

2 Vaccines – Pfizer and Moderna. Both are 2 dose vaccine. Not interchangeable must get same manufacture for both doses

Cannot do filtered search on site (am-i-eligible) to locate which site has particular manufacturer.

Things to Know

Please speak with your medical provider about the following (all questions within the registration form)

If you are pregnant

Contracted the COVID-19 virus within the last 90 days (your appointment must be scheduled 90 days after contracting the virus)

Vaccinated within the last 2 weeks

Had any allergic reactions to any previous vaccines

Auto-Immune illness or taking any medications that might affect your immune system

Things to Know Continued

There will be a **15 minute monitoring period on site** after administering of the vaccine**/30 if history of previous reactions to a vaccine**

No walk ins! Appointments must be scheduled ahead of time and are staggered to insure social distancing guidelines being met.

Please continue to wear your masks, wash your hands and follow recommended guidelines to stop the spread.

Avoid Vaccine Scams

If you get a call, text, email, or even someone knocking at your door, claiming that they can get you early access to the COVID-19 vaccine, IT'S A SCAM!

It's important to know that:

The vaccine will be free.

There are no sign-up lists for the vaccine.

You cannot pay to get the vaccine earlier.

Medicare or Social Security will not call you about the vaccine.

You do not need to give your social security number, credit card or bank information to get the vaccine.

Contact the Westchester County Department of Consumer Protection if you are contacted by a vaccine scammer at (914) 995-2155 or by e-mail at ConPro@westchestergov.com.